

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

1700 K STREET  
SACRAMENTO, CA 95814-4037  
TDD (916) 445-1942  
(916) 322-2911



Dear Prospective Applicant:

As part of the state certification process, zoning approval and a fire clearance are required from local authorities for the address at which substance abuse services are to be provided.

(Note: Zoning approval is not required for certification of residential programs with a treatment capacity of six or less, unless outpatient services are also provided.)

The Licensing and Certification Branch (LCB) of the Department of Alcohol and Drug Programs (ADP) has been made aware that it is often difficult for a provider to obtain zoning approval or a fire clearance due to a lack of understanding by local authorities regarding what information will satisfy these requirements and what form the approval should take (letter, form, etc.).

In an effort to assist providers in clarifying the requirements for local authorities, and perhaps provide a form on which local authorities can notify ADP that approval has been obtained, ADP is enclosing samples of a zoning approval form and a fire clearance which you may provide to your local zoning and fire authorities. Also enclosed is a transmittal letter which explains what forms of notification are acceptable to ADP.

Please feel free to take or mail the zoning approval form, fire clearance, and their transmittal letters to local authorities when you request these clearances.

The Department of Alcohol and Drug Programs hopes that these forms will expedite your inspection/approval process. If you have any suggestions for improvements to the forms or have any questions, you may contact Licensing and Certification at (916) 322-2911.

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**TO: LOCAL FIRE AUTHORITY**

**FROM: LICENSING AND CERTIFICATION BRANCH  
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

**SUBJECT: FIRE CLEARANCE**

The Department of Alcohol and Drug Programs (ADP) licenses and certifies residential alcohol and/or other drug treatment programs and certifies outpatient programs. In an effort to promote program safety, these programs are required by state regulations and certification standards to obtain a fire clearance from local fire authorities.

The Department requires the Std. 850 form for residential programs. However, for outpatient programs, any clearance issued on official stationary or fire department forms is acceptable. Attached is a sample form, which may also be used. Please feel free to copy the form onto your letterhead when requests are received by your office for fire clearance, or you may use the form as typed and affix an official seal.

Thank you for your cooperation and assistance to these programs and to ADP in our efforts to keep our programs fire-safe. If you have any questions, please contact the Licensing and Certification Branch at (916) 322-2911.

Attachment

## FIRE CLEARANCE

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Fire Authority Name

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Address

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Telephone Number

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(Name of program)

was inspected this date for compliance with local requirements, and is hereby granted a fire clearance to operate an outpatient alcohol and/or other drug treatment program at:

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(Address of program – please include suite numbers if applicable)

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Inspector's name (typed or printed), telephone number, CFIRS number\*

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(Signature and rank of inspector granting clearance)

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(Inspection date)

\*Fire department's number assigned by California Fire Incident Reporting System (CFIRS).

Official seal here

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**TO: LOCAL PLANNING DEPARTMENT**

**FROM: LICENSING AND CERTIFICATION BRANCH  
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

**SUBJECT: ZONING APPROVAL**

The Department of Alcohol and Drug Programs certifies residential and outpatient alcohol and/or other drug treatment programs. These programs are required by certification standards to obtain a local building use permit, zoning approval, or a letter indicating that zoning approval is not required by the local authorities.

Attached is a sample form which indicates the information required by the Department in order to process applications for program certification. Please feel free to copy this form onto your letterhead when requests are received by your office for zoning approval, or you may use the form as typed and affix an official seal.

Thank you for your cooperation and assistance to these programs which provide a valuable service to our communities. If you have any questions, please contact the Licensing and Certification Branch at (916) 322-2911.

Attachment

# ZONING APPROVAL

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Local Planning Department Name

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Address

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Telephone Number

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(Name of program)

☐ this document indicates local approval for building use

☐ is not required to obtain a use permit

to operate ☐ a residential or ☐ an outpatient alcohol and/or other drug treatment program  
at:

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(Address of program)

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(Name, title, and telephone number of individual confirming compliance [typed or printed])

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(Signature of local planning department representative)

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(Date signed)

Official seal here